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| FORM (to be used for all correspondence after initial filing) | | First Named Inventor | Seubert, Peter A. | CENTRAL FAX CE | | | | |
| | | Art Unit | 1645 | ا د د د ا | | | | |
| | | Examiner Name | Patricia Ann Duffy | MAR 2 9 20 | | | | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 015270-002120US | | | | | |
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| | | OF APPLICANT, ATTORNE | Y, OR AGENT | | | | | |
| 4.0 | and Townsend | | No. 42 397 | | | | | |
| Individual Rosemani Signature | Rosemarie L. Cell Reg. No. 42,397 | | | | | | | |
| Date March 29, | | <u> </u> | <u> </u> | | | | | |
| | | CERTIFICATE OF MAILIN | <u> </u> | | | | | |
| l hereby certify that this correspon March 29, 2004 | | | | ¥o. (703) 872-9306 on | | | | |
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| WARNING: Information on this form may become public. Credit card information should not be | Signatura | | Loseman | ie L | - al | <u>L:</u> | | | | March 29, 2004 | | |